

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		5-7-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AC	931	06/11/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

Claim	Date				
Final	Original	1	2	3	4
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	N	N	N	N	N
7	N	N	N	N	N
8	✓	N	N	N	N
9	✓	1	1	1	1
10	✓	1	1	1	1
11	✓	1	1	1	1
12	✓	1	1	1	1
13	✓	1	1	1	1
14	✓	1	1	1	1
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23	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓
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Claim	Date				
Final	Original	1	2	3	4
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Claim	Date				
Final	Original	1	2	3	4
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If more than 150 claims or 10 actions
staple additional sheet here

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